



1FW/1652

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/561,121
Filing Date	May 23, 2006
First Named Inventor	Alexander Deiters
Group Art Unit	1652
Examiner Name	Unassigned
Attorney Docket Number	54-000251US

Total Number of Pages in This Submission 10

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Interview Summary
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> 2 References	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Amendment / Response	<input checked="" type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Request for Corrected Filing receipt
<input type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Filing Receipt - marked up
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.		
Signature			
Date	November 15, 2007		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Deborah Berwick		
Signature		Date	November 15, 2007



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QUINE INTELLECTUAL PROPERTY LAW GROUP, P.C.

By Deborah Berwick  
Deborah Berwick

Attorney Docket No. 54-000251US  
TSRI Ref. No. 983.5 US/NOV0533P  
Novartis Ref: DC/4F-34044/SCR983/JTP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Alexander Deiters, et al.

Application No.: 10/561,121

Filed: May 23, 2006

International Filing Date April 16, 2004

For: UNNATURAL REACTIVE AMINO  
ACID GENETIC CODE ADDITIONS

Confirmation No. 2506

Examiner: Unassigned

Art Unit: 1652

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR § 1.97 and  
§ 1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

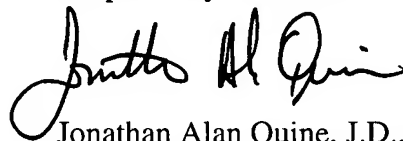
Sir:

The references cited on attached form PTO-1449 are being called to the attention of the Examiner. Copies of the references are enclosed. Copies of the cited US Patents and US Publications have not been enclosed because they are no longer required by the office for submission. Also, enclosed is a copy of the International Search Report for corresponding International Application No. PCT/US2004/011833. It is respectfully requested that the cited information be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement, since it is being submitted prior to the first Office Action. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 50-0893. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jonathan Alan Quine". The signature is fluid and cursive, with the first name "Jonathan" being more prominent.

Jonathan Alan Quine, J.D., Ph.D.  
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